

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NAMIC PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different  
than previously  
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg A. Dykstra

Signature of Treasurer

Electronically Filed by Gregg A. Dykstra

Date

01

23

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		73825.90
(b) Cash on Hand at Beginning of Reporting Period .....	113283.58	
(c) Total Receipts (from Line 19) .....	84363.50	171831.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	197647.08	245656.90
7. Total Disbursements (from Line 31) .....	25438.66	73448.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	172208.42	172208.42
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAMIC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	59062.50	104792.50
(i) Itemized (use Schedule A) .....	16301.00	36038.50
(ii) Unitemized .....	75363.50	140831.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	9000.00	31000.00
(c) Other Political Committees (such as PACs) .....	84363.50	171831.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	84363.50	171831.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	84363.50	171831.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7438.66	7948.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	7438.66	7948.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	64500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25438.66	73448.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25438.66	73448.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	84363.50	171831.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84363.50	171831.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7438.66	7948.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7438.66	7948.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8372

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8418

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 3aad826e7dc3652a422

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 8735f00ea7951737147

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 2d35e8151dbd5b81475

Amount of Each Receipt this Period

25.00

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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 00adb4398bb6dca920c

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 18c38999ad57838fdca

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: f45ca9b3b8fa6765871

Amount of Each Receipt this Period

25.00

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Occupation

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Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 9220c62664970ceb4db

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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**A.**

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Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

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Zip Code

46268-0700

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federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 041b0f7d345a72a1ab9

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

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Name of Employer  
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Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: acd3b8cd009af9a9343

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

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Zip Code

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Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 8f2d64a0bb912b586ac

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAMIC PAC

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Full Name (Last, First, Middle Initial)

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Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7

Transaction ID: fcfa0fa3b7b47dc10b6

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services &amp; Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 8373

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services &amp; Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 0 / 2 0 0 7

Transaction ID: 8419

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 2b50cdf9a83354cb32f

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 5ec1d677b1d503c3267

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 372f12b1114330cf78c

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services &amp; Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: f13a5e537b4c95df266

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services &amp; Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 8d4375297cdf2a6ef26

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services &amp; Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: a62e3582b9421c9431b

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 09a061ae8715ef06fb2

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 3e5744fe071e642ff63

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: f12613ab0cd06201ec2

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: eaed260d675ef297050

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: ed97d14f212ea6b54c3

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

David L. Anderson

Mailing Address PO Box 276

City

Canton

State

SD

Zip Code

57013-0276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farm Mutual Insurance Com-  
pany of Linco

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: 0193fbe40ac08830fe8

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

John B. Arbuckle

Mailing Address PO Box 589

City

Lewisburg

State

WV

Zip Code

24901-0589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Home Fire Insuran-  
ce Company of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Secretary-Treasurer/Chairman

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 8e44bcee65f48981667

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Herman J. Arends

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Chairman

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 745719433b425a4d89c

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Ayer

Mailing Address Two Logan Square  
100 North 18th Street

City

Philadelphia

State

PA

Zip Code

19103-2772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guy Carpenter & Company,  
LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: b2dde6ce230111dcda8

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional) .....

3900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

James Baes

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 90baa1498423839e48f

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Tommy Barre

Mailing Address 500 South US Highway 77-A

City  
Yoakum

State  
TX

Zip Code  
77995-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hochheim Prairie Farm Mut-  
ual Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: e08a68e1d75adc76518

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Keith L. Birkhead

Mailing Address PO Box 1401

City  
McPherson

State  
KS

Zip Code  
67460-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Alliance Mutual  
Insurance Comp

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8399

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary W. Black

Mailing Address 1818 East 9th Street

City

Trenton

State

MO

Zip Code

64683-2644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Insurance  
Company of Gr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

General Manager/Secretary

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 443140c517ae74c3ac0

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brian V. Boyden

Mailing Address One State Farm Plaza, E-12

City

Bloomington

State

IL

Zip Code

61701-4366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Farm Mutual Automob-  
ile Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 7

Transaction ID: 798cec8796941895114

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Clarence Boyle

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Harford Mutual Insura-  
nce Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Employee

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 29f75443af09b6be074

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Willie Brown

Mailing Address One State Farm Plaza, E-12

City

Bloomington

State

IL

Zip Code

61701-4366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Farm Mutual Automob-  
ile Insurance

Occupation

Vice President-Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 7

Transaction ID: 02437037bace35f4a18

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Thaddeus J. Buda

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 7

Transaction ID: fe8de06918125fd2794

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8377

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8423

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: af4643d945669352bdf

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: b76983114c7a4ff1d29

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 2f5fb18c18f58d91dbf

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 80a1b5b74cc99ffcd37

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 5f148380f109b1317ff

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 4004da945b13af7d57

Amount of Each Receipt this Period

1300.00

Silent Auction

**B.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: c0ffa0e474da82e63b1

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 831041a88c773f95dfb

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 87a815125be1a5f6f67

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: d2f3ac34c45e45aed53

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 7e9a7920c5890179489

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: e67c22f8ede1bef3dc3

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Leland Chisolm

Mailing Address 550 Eisenhower Road

City

Leavenworth

State

KS

Zip Code

66048-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Armed Forces Insurance Ex-  
change

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 1f911231d8fd402e23d

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Paul M. Cloonan

Mailing Address 85 Benvenue Street

City

Wellesley

State

MA

Zip Code

02482-7421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: 52327cc5a3f9df2afe3

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Darwin G. Copeman

Mailing Address 214 East McElwain Drive

City

Cameron

State

MO

Zip Code

64429-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cameron Mutual Insurance  
Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 36fd6509b0b8c0ca295

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg Cornell

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation

Senior Vice President and Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 7

Transaction ID: e1c85e2a22cb3392a72

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

William C. Craine

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance  
Company

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: f2f98b23336040865f9

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8379

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8425

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: b0636a892f49622946d

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: e18461205818a4afe89

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 932ac620542cf790659

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 4ea51418c8e6f26d74b

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: ce2a391e0c54b56417c

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 0da9cbbf088b75776c0

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2c7c83f6f9294a60ccf

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 2287ae210c6325788e1

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 77789b16c19426c6478

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 38ea3d8ff9c6d8d9d52

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Dettelsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: a043acad7488d558e49

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas A. Dials

Mailing Address 550 Eisenhower Road

City

Leavenworth

State

KS

Zip Code

66048-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Armed Forces Insurance Ex-  
change

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 4df93510ec73f048672

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela Dicks

Mailing Address 2928 N McVay Dr

City

Mobile

State

AL

Zip Code

36606-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNC Resource

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 4005680b5d8b7be8137

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel Dierks

Mailing Address PO Box 59

City

State

Zip Code

Traer

IA

50675-0059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Insurance  
Association

Occupation

Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 10f412725a7e21a74d1

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Dietrich

Mailing Address One Preferred Way

City

State

Zip Code

New Berlin

NY

13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance  
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: b3b8f6d77ad96f74b51

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Martin Doto

Mailing Address One Preferred Way

City

State

Zip Code

New Berlin

NY

13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance  
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 37303e7a1aa21d9a414

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	7

Transaction ID: 8380

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	7

Transaction ID: 8426

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: fa935deab27a6ac41e9

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 3ef6d9ee73480237fbb

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 68f3c31f3bdccf229a8

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 30348ef43176eda8c11

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 546e7a24af393943d88

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: db5bb188409a84e7c7f

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 6e2e51d475db6fac694

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 3440413292763a6f746

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 523239ae5431d2e7aff

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: dc04844289a61dde486

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 7fe4366d37637b66f3b

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Ehler

Mailing Address PO Box 645

City

Brenham

State

TX

Zip Code

77834-0645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Germania Farm Mutual Insu-  
rance Associa

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 894855f9fb64b2a68e1

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Eide

Mailing Address 5350 West 78th Street

City

Minneapolis

State

MN

Zip Code

55439-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western National Mutual  
Insurance Comp

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: f7d5103d6d755a96780

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory B. Ellingson

Mailing Address 24 1st Avenue East  
Suite E

City State Zip Code  
Kalispell MT 59901-4517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Flathead Farm Mutual Insu-  
rance Company

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 7

Transaction ID: 0dd56fb3ca65e85a7b8

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David B. Emerson

Mailing Address One Preferred Way

City State Zip Code  
New Berlin NY 13411-1800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Preferred Mutual Insurance  
Company

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 69dcd1562e17d33e7a1

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Escue

Mailing Address 703 West Poplar Street

City State Zip Code  
Rogers AR 72756-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Farmers Mutual Insurance  
Company

Occupation  
Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 2bdb7ccb8ab7821d812

Amount of Each Receipt this Period

155.00

**SUBTOTAL** of Receipts This Page (optional) .....

905.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark H. Ewert

Mailing Address PO Box 2003

City

Milwaukee

State

WI

Zip Code

53201-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partners Mutual Insurance  
Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 2db2d394347b58cdc82

Amount of Each Receipt this Period

340.00

**B.**

Full Name (Last, First, Middle Initial)

Richard C. Ewert

Mailing Address PO Box 2003

City

Milwaukee

State

WI

Zip Code

53201-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partners Mutual Insurance  
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 015a79a60d5e37f8189

Amount of Each Receipt this Period

1450.00

**C.**

Full Name (Last, First, Middle Initial)

Richard C. Ewert

Mailing Address PO Box 2003

City

Milwaukee

State

WI

Zip Code

53201-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partners Mutual Insurance  
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: e932230e2b03e7ccc57

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael L. Faron

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation

Commercial Lines Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 9b0db3bcc5215ce4119

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Fine

Mailing Address 100 Chestnut Street

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bilrite Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 0 7

Transaction ID: 830a2c9b18dd95c0a4e

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Firko

Mailing Address 170 S Independence Mall West  
the Curtis Center

City

Philadelphia

State

PA

Zip Code

19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: 0b012f209c29549d85b

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Firko

Mailing Address 170 S Independence Mall West  
the Curtis Center

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: 4a85f341ab16fdb4bdc

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Firko

Mailing Address 170 S Independence Mall West  
the Curtis Center

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 3a700c61da24db29c12

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A. Fitzsimmons

Mailing Address PO Box 84

City State Zip Code  
Marble PA 16334-0084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Fire Insur-  
ance Company

Occupation  
President - CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8332

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Kurt P. Foley

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

President & CEO

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: 3385d5e61f946834303

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brad Fortner

Mailing Address 703 West Poplar Street

City

Rogers

State

AR

Zip Code

72756-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Manager

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: fa1882fdc28bd1d2d82

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Frost

Mailing Address 306 North Johnson Street

City

Harvard

State

IL

Zip Code

60033-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dunham & Chemung Mutual  
Insurance Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO/Manager

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 40b62e867fa9ff68b8

Amount of Each Receipt this Period

260.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

James F. Gerrity

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: c7f8689fc555b47a09d

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gordon H. Gingrich

Mailing Address 1510 North Elms Road

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: f8dfa252c0804170326

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph A. Giovino

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

Transaction ID: 41fc510b7c21b8105e4

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Brad Gipson

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insura-  
nce Company

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 7

Transaction ID: 8269

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Don Glick

Mailing Address PO Box 2227

City

Fort Wayne

State

IN

Zip Code

46801-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brotherhood Mutual Insura-  
nce Company

Occupation  
Assistant Vice President of Research a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8403

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jimi Grande

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
VP, Federal & Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 763938e0d4f04a41c2a

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan C. Grether

Mailing Address PO Box 370

City

Algona

State

IA

Zip Code

50511-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacists Mutual Insurance Company

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 960c381157c6005c2d1

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Clarence Guinn

Mailing Address 703 West Poplar Street

City

Rogers

State

AR

Zip Code

72756-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Insurance Company

Occupation  
Assistant Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: a01494a4b5897a761f6

Amount of Each Receipt this Period

370.00

**C.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 6b57fbf89bee3b86a95

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

632.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1944f1963dabe97125b

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 1b98ef7b803f4407a85

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: aa1c947d464a58430a4

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 00f734c82b63477604b

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 7b4063be168b911cefd

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 4e93d829e26b54fc618

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: d87b4413cdc43564047

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: d79f3c105b6e1a482d6

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Marsha Harrison

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Regulatory Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: c309723f643c2762580

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey F. Harrold

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 7

Transaction ID: e59829484f5f6805373

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

William C. Hart

Mailing Address PO Box 278

City  
Pennington

State  
NJ

Zip Code  
08534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercer Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: ff7d3054d0c39293030

Amount of Each Receipt this Period

250.00

Silent Auction

**C.**

Full Name (Last, First, Middle Initial)

Warren W. Heck

Mailing Address 200 Madison Avenue

City  
New York

State  
NY

Zip Code  
10016-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater New York Mutual  
Insurance Comp

Occupation  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 744fb22ff4c6f66a76a

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: 28b13625588772bb901

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Jean L. Hendricks

Mailing Address 3094 Jeep Road

City

Abilene

State

KS

Zip Code

67410-6064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Aid Association of  
the Church o

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 8834d6094255ed848f3

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

David L. Hill

Mailing Address One State Farm Plaza, A-3

City

Bloomington

State

IL

Zip Code

61701-4366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Farm Mutual Automob-  
ile Insurance

Occupation

Vice President - Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8401

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marcus E. Hill

Mailing Address PO Box 88

City

Fort Worth

State

TX

Zip Code

76101-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agricultural Workers Mutu-  
al Auto Insur

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 7bc7649b2f872bc0e46

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

H. Gregg Huey

Mailing Address PO Box 527

City

Indianapolis

State

IN

Zip Code

46206-0527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Farmers Mutual In-  
surance Compa

Occupation  
Senior Vice President/COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 7

Transaction ID: 9cad4f306dcf5b6c8da

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Donald J. Hughes

Mailing Address 139 West Highway 14

City

Tyler

State

MN

Zip Code

56178-9495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hope Mutual Insurance Com-  
pany

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 481a7fc7cb68233ee84

Amount of Each Receipt this Period

175.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald E. Hurd

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: 1985706f33dcad73436

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ray Infantino

Mailing Address 4911 Warner Ave Ste 214

City

Huntington Beach

State

CA

Zip Code

92649-4475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Skills Center

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 06ef6d7cb44ad9bab96

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Judy S. Jackson

Mailing Address PO Box 40

City

Norwich

State

CT

Zip Code

06360-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New London County Mutual  
Insurance Com

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 88c4b993d7c6d3bb286

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Harold Jamison

Mailing Address 170 S Independence Mall West  
the Curtis Center

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Legal/Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: 7494fd74e61729e742e

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Harold Jamison

Mailing Address 170 S Independence Mall West  
the Curtis Center

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Legal/Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: fbfedd358e11b7607e1

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Jamison

Mailing Address 170 S Independence Mall West  
the Curtis Center

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Legal/Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: f5539842d06d101badd

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Russell Janecka

Mailing Address Box 645

City

Brenham

State

TX

Zip Code

77834-0645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Germania Farm Mutual Insu-  
rance Associa

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: d4b772cf674d4d58745

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Lee A. Janis

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 7

Transaction ID: 2331f16936ff4d467e1

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert L. Jeckel

Mailing Address 1536 Pulaski St

City

Lincoln

State

IL

Zip Code

62656-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frontier Mutual Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: 06ef3c43bc0bf0dbfc2

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel A. Keyes

Mailing Address PO Box 974

City

Madison

State

WI

Zip Code

53701-0974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisconsin Mutual Insurance  
Company

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: d424477a3c80d28d7b3

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Bradley Keysar

Mailing Address PO Box 158

City

Montpelier

State

VT

Zip Code

05601-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Mutual Fire Insuran-  
ce Company

Occupation  
Vice President-Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: d043f21a746de45024f

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address 1621 West Lakes Parkway

City

West Des Moines

State

IA

Zip Code

50266-8212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 7

Transaction ID: fd33d0b994a374b9850

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Harvey Kroiz

Mailing Address 815 Roscommon Road

City

Bryn-Mar

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: be80d0159f5159a36aa

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Kusch

Mailing Address PO Box 401

City

Minneapolis

State

MN

Zip Code

55440-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Mutual Insurance  
Company

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: aa3c9ffb67dd5e400bd

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann M. Kuschel

Mailing Address 545 Harold H. Meyer Drive

City

New Haven

State

MO

Zip Code

63068-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boeuf & Berger Mutual Ins-  
urance Compan

Occupation  
Secretary/Treasurer/ Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 2fcb4806bc662e8e9d3

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Glenn A. Lambert

Mailing Address 5000 9th Avenue South

City

Great Falls

State

MT

Zip Code

59405-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cascade Farmers Mutual In-  
surance Compa

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 3f9495ace3d3ad95d1f

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Fredda Lemons

Mailing Address 212 West Main Street

City

Denison

State

TX

Zip Code

75020-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Germania Farm Mutual Insu-  
rance Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: cfffc5643904f015b07

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Phillip E. Love

Mailing Address PO Box 2124

City

West Columbia

State

SC

Zip Code

29171-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Farm Bureau  
Mutual Insu

Occupation

Executive Vice President / CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 0ab0d9a71b01f38de1b

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Wilbur J. Maas

Mailing Address PO Box 812

City

Hull

State

IA

Zip Code

51239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Insurance  
Association o

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 782f220af1cb642e6f0

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: ca6b523921a9d7fe056

Amount of Each Receipt this Period

13.50

**C.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3a1ad1721f870095aa3

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional) .....

277.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 49d87fca8a7ff286297

Amount of Each Receipt this Period

13.50

**B.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 86326acf2ed477c9c79

Amount of Each Receipt this Period

13.50

**C.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 4cb4ba69cac0fc4e5af

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional) .....

40.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Assistant to the President

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 158d305ea476c876494

Amount of Each Receipt this Period

13.50

**B.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Assistant to the President

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: e2925ec40b34f405f4d

Amount of Each Receipt this Period

13.50

**C.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Assistant to the President

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 754e973fe81de83a206

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional) .....

40.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 2b61fad12049143bc8a

Amount of Each Receipt this Period

13.50

**B.**

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 3f500af8eabb36f901a

Amount of Each Receipt this Period

13.50

**C.**

Full Name (Last, First, Middle Initial)

John F. Marazzo

Mailing Address 170 S Independence Mall West  
the Curtis Center

City

Philadelphia

State

PA

Zip Code

19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation

Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: 8454

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

277.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: a3235a19596009bf4f4

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 64531f81c9343280f33

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: 6695cb1174c17112ed2

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 61 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gerard T. McDermott

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 385dfd564a20f015c4a

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8376

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8422

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 0d4d70dba53a8c962a0

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: e459d03ba945c532b96

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 612d4847ade6fdce9c7

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: dc5ea42e3d3ea4b7a94

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 69f5d3d54b919cb252c

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: d97e7f8f3194a685c2f

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 3c4a50c0cda77ae1723

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 018e50ed8623064c443

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: e8526b0199f7a21865c

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 65 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 7dd2132927eb0b60184

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 16b169da2bd7704231a

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Susan E. McNab

Mailing Address PO Box 778

City State Zip Code  
Seattle WA 98111-0778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PEMCO Mutual Insurance Co-  
mpany

Occupation  
Chief People Services Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: a1472dce2e806db567f

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Kevin M. Meskell

Mailing Address 57 Washington St

City

Quincy

State

MA

Zip Code

02169-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quincy Mutual Fire Insurance Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 7

Transaction ID: cfa55b4daf6d3378e71

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8385

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8431

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual InsuranOccupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: cbe6c8cd4a97924ac7e

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Steven I. Miller

Mailing Address PO Box 1326

City

Hollister

State

CA

Zip Code

95024-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Mutual Insuran-  
ce CompanyOccupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: fdd7bcf5a4fd8e73322

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Paul R. Nelson

Mailing Address PO Box 1463

City

Minneapolis

State

MN

Zip Code

55440-1463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western National Mutual  
Insurance CompOccupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	7

Transaction ID: 02d38c215cf5851f40a

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

565.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

J. L. Newell

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

Transaction ID: 18a326e59b24c23f2ae

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Glenn E. Niinimäki

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 7

Transaction ID: 9a2f4f51c67c63a1112

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Donald H. Nikolaus

Mailing Address 1195 River Road

City

Marietta

State

PA

Zip Code

17547-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Donegal Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 8dac89b98fe1833b4a1

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8387

Amount of Each Receipt this Period

112.50

**B.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8433

Amount of Each Receipt this Period

112.50

**C.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 6169103baa7072015f6

Amount of Each Receipt this Period

112.50

**SUBTOTAL** of Receipts This Page (optional) .....

337.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 36f46524fe53e2a7b6f

Amount of Each Receipt this Period

112.50

**B.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 5ea7d7d1005b6bd118c

Amount of Each Receipt this Period

112.50

**C.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: d3f033bb81ae8149ad9

Amount of Each Receipt this Period

112.50

**SUBTOTAL** of Receipts This Page (optional) .....

337.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 10a2229cceba09b343a

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 1fdce87a5f8497d7da8

Amount of Each Receipt this Period

112.50

**C.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: b23633e26575dd602bd

Amount of Each Receipt this Period

112.50

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: b30693717cdd1db0d8f

Amount of Each Receipt this Period

112.50

**B.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: f8280e5ec8607392219

Amount of Each Receipt this Period

112.50

**C.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: fb1ef692bef4e06d2c3

Amount of Each Receipt this Period

112.50

**SUBTOTAL** of Receipts This Page (optional) .....

337.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 32d1d008d4c960ee6c9

Amount of Each Receipt this Period

112.50

**B.**

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2637.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 21a9bda17b700da3b77

Amount of Each Receipt this Period

112.50

**C.**

Full Name (Last, First, Middle Initial)

John A. Paul

Mailing Address PO Box 498

City State Zip Code  
Council Bluffs IA 51502-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Iowa Mutual Insur-  
ance Associat

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 7

Transaction ID: b4b4d466fb96b803457

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A.

Full Name (Last, First, Middle Initial)

John A. Paul

Mailing Address PO Box 498

City

Council Bluffs

State

IA

Zip Code

51502-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Iowa Mutual Insur-  
ance AssociatOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 35516b133a7ff27d173

Amount of Each Receipt this Period

310.00

B.

Full Name (Last, First, Middle Initial)

William A. Poppen

Mailing Address PO Box 9

City

De Smet

State

SD

Zip Code

57231-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
De Smet Farm Mutual Insur-  
ance CompanyOccupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: fbf5541ef43edb5deeb

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Thomas A. Powers

Mailing Address 740 West Elm-Highway 3

City

Pocahontas

State

IA

Zip Code

50574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Mutual Insurance  
AssociationOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 600e7c9d147b00863ba

Amount of Each Receipt this Period

320.00

SUBTOTAL of Receipts This Page (optional) .....

930.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard M. Raun

Mailing Address PO Box 240

City

Carlton

State

MN

Zip Code

55718-0240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodland Mutual Insurance  
Company

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8331

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8388

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8434

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: b0b4d4593be4ed8ff58

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 6f47863512d187d1fe7

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 6eeeb05f749d2d9eeda

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: c393a67b8fc96b52dbf

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 38ede12e01e7b4ba7b0

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 4c79e16040d99b297cc

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: 8ec659e89b9ff1b86fa

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	0	7

Transaction ID: c9da4c815b557553b42

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	7

Transaction ID: 3148fd0003543908c39

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 6e4f055bd3fe21c6180

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 94675a8c3809fde6d64

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Rivard

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: 3e35f754b5ec756772c

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Rosenow

Mailing Address PO Box 116

City

Fountain City

State

WI

Zip Code

54629-0116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fountain City Mutual Insu-  
rance Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 0 7

Transaction ID: d25242e47dce2294167

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8390

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8436

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 8ffbabc3cefc507bd1

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: ed601bb35dcdbd06ed4a

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1fc9322a0d3c624645b

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: dd70c22dd8b432ce8df

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: d136de7fbb23cb6baf3

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 02468ab4c4fcf571242

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2360a79f60f67ef2088

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: ddb1bd6c4dc9fbc22a1

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 51b92edddb76dd3cc3

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: eb75b1fb588fccaa08f

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Justin Roth

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Senior Director-Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 11c4b06269ce309531b

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas R. Ruane

Mailing Address PO Box 4620

City State Zip Code  
Ithaca NY 14852-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Security Mutual Insurance  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: 8453

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Randy A. Rudowicz

Mailing Address 471 East Broad Street

City

Columbus

State

OH

Zip Code

43215-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Motorists Mutual Insurance  
Company

Occupation

Vice President - Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 6318209fe845e9a6f6d

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

R. Timothy T. Russell

Mailing Address PO Box 610

City

Foley

State

AL

Zip Code

36536-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baldwin Mutual Insurance  
Company, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: dc1995cd2b21f99550c

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Randy A. Sabers

Mailing Address PO Box 610

City

Salem

State

SD

Zip Code

57058-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McCook Farm Mutual Insura-  
nce Company o

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 8812d26dcdbd24696d4

Amount of Each Receipt this Period

860.00

**SUBTOTAL** of Receipts This Page (optional) .....

1810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gerald P. Schmidt

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insura-  
nce Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: 34785092a484d9b616b

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Scott

Mailing Address 200 North Main Street

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Harford Mutual Insura-  
nce Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: bc9d8c23b7e4cc7c447

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth A. Selzer

Mailing Address 200 East Randolph Drive  
16th Floor

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aon Corporation

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: a73196632952c6c32e5

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas J. Shaw

Mailing Address PO Box 99

City

Liberal

State

MO

Zip Code

64762-0099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barton Mutual Insurance  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: 7a2acd8b8a24643b91b

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 705c3794af01cdbc583

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: b11f84b14f451df480a

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 475e9cc54bdb0b19d25

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: bcf34ea4559978eb502

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 032355716dbe84ff599

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City	State	Zip Code
Washington	DC	20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual InsuranOccupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 3ff731b9151c890a096

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City	State	Zip Code
Washington	DC	20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual InsuranOccupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	7

Transaction ID: 20370e0c5190906fbbc

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest  
Suite 540

City	State	Zip Code
Washington	DC	20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual InsuranOccupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: dc729bc47e6118fb43c

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Simon

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: f77cae84351dd54a1f0

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Simon

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: ffd3b7ed3d8fd67fa0

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 16dbd80293121a75d72

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

3120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: d0e611fc7ae437ce29e

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 727045f6f9824da5894

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: d4341ba6861ec6a92cc

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: c073bc136ac3f06b71a

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 601269881f3e23dde6a

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: a76bf91efe5504bc1d8

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: e9ecc1eb08f17b6e3f4

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 219e8313cc3b2d297fa

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	7

Transaction ID: 4e4e54a137d5b69504d

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	7

Transaction ID: 241b04f3a1382f3d5a2

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Alan B. Smith

Mailing Address 9450 Seward Road

City

Fairfield

State

OH

Zip Code

45014-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

State Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Transaction ID: 1d87c9598e834bd935e

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Duane D. Smith

Mailing Address PO Box 452

City

Franklin

State

IN

Zip Code

46131-0452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Insurance  
Company of Jo

Occupation

Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Transaction ID: 8d3dc30ec44ed9e76a9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

John K. Smith

Mailing Address 170 South Independence Mall West  
the Curtis Center, Suite 200E

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2007

Transaction ID: 8408

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

John K. Smith

Mailing Address 170 South Independence Mall West  
the Curtis Center, Suite 200E

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 06 2007

Transaction ID: 0d4ce09c506d2b4e2db

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

John K. Smith

Mailing Address 170 South Independence Mall West  
the Curtis Center, Suite 200E

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 21 2007

Transaction ID: 465b26d969f3b542cf9

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

John K. Smith

Mailing Address 170 South Independence Mall West  
the Curtis Center, Suite 200E

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 6591f34cc8982e04ba9

Amount of Each Receipt this Period

1820.00

**B.**

Full Name (Last, First, Middle Initial)

John K. Smith

Mailing Address 170 South Independence Mall West  
the Curtis Center, Suite 200E

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: 805f15fb765eaf0fd5f

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

John K. Smith

Mailing Address 170 South Independence Mall West  
the Curtis Center, Suite 200E

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: b6b3f14b753a4227c36

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

1980.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

John K. Smith

Mailing Address 170 S Independence Mall West  
the Curtis Center

City	State	Zip Code
Philadelphia	PA	19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual InsuranOccupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: 7b4a9749f554c8f0302

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Walter Pete C. Smythe

Mailing Address PO Box 1960

City	State	Zip Code
Auburn	ME	04211-1960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patrons Oxford Insurance  
CompanyOccupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: c5a2fb6913bb26b444d

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dan Sondles

Mailing Address One Park Circle

City	State	Zip Code
Westfield Center	OH	44251-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westfield Insurance Compa-  
nyOccupation  
Chief Legislative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: 1d714f0b4052db2a5b6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

830.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel E. Stone

Mailing Address PO Box 527

City

Indianapolis

State

IN

Zip Code

46206-0527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Farmers Mutual In-  
surance Compa

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: a630924685ea4730ef7

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Diane R. Stone

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation

Director-Personnel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: d938fbbd2b36526005f

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Diane R. Stone

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation

Director-Personnel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 6e95b99de55beb0804e

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Diane R. Stone

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Director-Personnel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: 8930b40d344cda21b16

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation  
Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 8394

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation  
Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: 8440

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 814eac67e86c25fd3a3

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 4cd5c20e737e9dc45ff

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3aef308b039649a4c67

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: ac86c880287bca6040e

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	7

Transaction ID: 8ba4594cb8f145f4a89

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Transaction ID: b9b5608af32960fc3bf

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: 7f0ef38dfe57c613e29

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: 44111112022997a0857

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 8c4ed6e78c0ff0705df

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: e1d0fb590369ae25d2e

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company,  
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: e5f9601b1ffb6d3a5c1

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Supplee

Mailing Address 170 S Independence Mall West  
the Curtis Center

City

Philadelphia

State

PA

Zip Code

19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: ac863e9e3e2f6092e6e

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Supplee

Mailing Address 170 S Independence Mall West  
the Curtis Center

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: 5ad581bb349c47e9193

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Supplee

Mailing Address 170 S Independence Mall West  
the Curtis Center

City State Zip Code  
Philadelphia PA 19106-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 3cf739909c5e52fdf54

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation  
State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: d19e2da8d94befe1e6a

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: 8914ff6ffdde05a895e

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: d076f8d4b3e0f54ab9e

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: f9a20564d1bb6f24731

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: 6a42df12e95ef56dfa0

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 7e0f2d4dde2ee13777c

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce D. Thomas

Mailing Address 409 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Mutual Insurance  
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 7

Transaction ID: e50e0d66694a4e37207

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Bruce D. Thomas

Mailing Address 409 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Mutual Insurance  
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 973563265d97f439315

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Julie A. Thompson

Mailing Address 914 Alden Drive

City

Auburn

State

NE

Zip Code

68305-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
German Mutual Insurance  
Association of

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 0f47f8b747b4303b6b5

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Stokley P. Towles

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual  
Fire Insurance

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: 47f0776a646700d4101

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

John E. Trott

Mailing Address 500 South US Highway 77-A

City

Yoakum

State

TX

Zip Code

77995-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hochheim Prairie Farm Mut-  
ual Insurance

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: ba4322bdf9f60c14ef7

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David E. Tschantz

Mailing Address 3873 Cleveland Road

City

Wooster

State

OH

Zip Code

44691-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Mutual Insurance Co-  
mpany

Occupation  
Vice President-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 317f00f121245e5db1b

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Tukel

Mailing Address 535 Griswold  
Suite 1210

City

Detroit

State

MI

Zip Code

48226-3689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Locomotive Engineers and  
Conductors Mu

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: a1fb582ebd592294980

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

John W. Turner

Mailing Address 309 East San Antonio Street

City

New Braunfels

State

TX

Zip Code

78130-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Fire Insur-  
ance Associat

Occupation

Senior Field Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: cf5af8f7e720a512dcc

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 48a1a8cd8e1658685e8

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: f4e8a8ea2ede4350216

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 978a5838b4ee7321d1d

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: cf86d5f1df4e9409577

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: b1ea02ff9aefa84e3da

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of  
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 1edefb1cc72274d67de

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Dominick Vicari

Mailing Address 200 Madison Avenue

City

New York

State

NY

Zip Code

10016-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater New York Mutual  
Insurance Comp

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 0a3b309ee2b174a790e

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A. Wadsworth

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance  
Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: 799b64e111931dc74c9

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

William H. Wallace

Mailing Address 404 East Woodlawn Avenue

City

Hastings

State

MI

Zip Code

49058-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hastings Mutual Insurance  
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 5a5e3df2896b36d069b

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James J. Walsh

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: d042d31ff42043b8123

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

James J. Walsh

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: d9ca5fbba9f573cd9b8

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

James J. Walsh

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: 26c64e9f120f7e0d2e1

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Waring

Mailing Address One State Farm Plaza, E-12

City  
Bloomington

State  
IL

Zip Code  
61701-4366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Farm Mutual Automob-  
ile Insurance

Occupation

Employee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 7

Transaction ID: 38092a065595cce5c57

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Linda M. Wenske

Mailing Address 500 South US Highway 77-A

City  
Yoakum

State  
TX

Zip Code  
77995-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hochheim Prairie Farm Mut-  
ual Insurance

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 786cafc000d6215f73a

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

David Wilson

Mailing Address 1460 Wells Street

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insurance Company

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: 8452

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Yeager

Mailing Address 1047 West Hamilton Street

City

Allentown

State

PA

Zip Code

18101-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Insurance Company  
of Lehigh Cou

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 06bdcb88ce126cb2717

Amount of Each Receipt this Period

535.00

Silent Auction

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Yeager

Mailing Address 1047 West Hamilton Street

City

Allentown

State

PA

Zip Code

18101-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Insurance Company  
of Lehigh Cou

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 7c76a0b91a111ee8b07

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Jerry G. Zenke

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mound Prairie Mutual Insu-  
rance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: c344d8e19a797c50a84

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

59062.50

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 127

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

American Family Mutual Insurance Company Federal Pac (AMFAM PAC)

Mailing Address 6000 American Parkway

City	State	Zip Code
Madison	WI	53783

FEC ID number of contributing  
federal political committee.**C** C00354290

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	7

**Transaction ID:** 73239-29131716489792

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Cc Services Inc Country Political Action Committee

Mailing Address 1701 N Towanda Avenue  
PO Box 2020

City	State	Zip Code
Bloomington	IL	61702

FEC ID number of contributing  
federal political committee.**C** C00390971

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	7

**Transaction ID:** 72962-44442385435104

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Cuna Mutual Insurance Society Political Action Committee (CUNA MUTUAL PAC)

Mailing Address 5910 Mineral Point Road PO Box 747  
Mail Stop 5910 4 A2

City	State	Zip Code
Madison	WI	53701

FEC ID number of contributing  
federal political committee.**C** C00402107

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

**Transaction ID:** 49477-91157168149949

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 127

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Emc Corporation Political Action Committee

Mailing Address 171 South Street

City State Zip Code  
Hopkinton MA 01748

FEC ID number of contributing  
federal political committee.

**C** C00385948

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

**Transaction ID:** 83593-38535708189011

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mutual Insurance Political Action Committee

Mailing Address P.O. Box 864

City State Zip Code  
Sikeston MO 63801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** 92235-75587099790573

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

9000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) NAMIC Advocacy Fund	<b>Transaction ID:</b> V58192-5116693377494 <b>Date of Disbursement</b>																				
Mailing Address 3601 Vincennes Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	0	7												
City Indianapolis State IN Zip Code 46268	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Silent Auction 1/3 Rule Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">6608.00</td> </tr> </table>	6608.00																			
6608.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>B.</b> Full Name (Last, First, Middle Initial) National City Bank	<b>Transaction ID:</b> 22130-82722109556198 <b>Date of Disbursement</b>																				
Mailing Address 1417 W 86th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	7												
City Indianapolis State IN Zip Code 46260	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">122.89</td> </tr> </table>	122.89																			
122.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>C.</b> Full Name (Last, First, Middle Initial) National City Bank	<b>Transaction ID:</b> 62127-34032839536667 <b>Date of Disbursement</b>																				
Mailing Address 1417 W 86th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Indianapolis State IN Zip Code 46260	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">80.41</td> </tr> </table>	80.41																			
80.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6811.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 1417 W 86th St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 62127-29667299985885</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.10"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 1417 W 86th St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 62127-71397036314011</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="356.45"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 1417 W 86th St</p> <p>City Indianapolis State IN Zip Code 46260</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 62127-10038393735885</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="146.51"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**568.06**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

A.

Full Name (Last, First, Middle Initial)  
National City Bank

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement  
Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 62127-99155825376511

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2007

Amount of Each Disbursement this Period

59.30

SUBTOTAL of Disbursements This Page (optional) .....

59.30

TOTAL This Period (last page this line number only) .....

7438.66



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 127

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
 All America Pac

Mailing Address PO Box 2888  
 Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement  
 Contribution - 1070 Thomas Jefferson Str  
 Candidate Name

011  
 Category/  
 Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Contribution

Transaction ID: 90510-5318109393119  
 Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Bachmann for Congress

Mailing Address PO Box 25950

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
 Contribution

Candidate Name  
 Michele Bachmann

011  
 Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: MN District: 06

Transaction ID: 87404-7804376482963  
 Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Baker for Congress Committee

Mailing Address Post Office Box 1694

City Baton Rouge State LA Zip Code 70821

Purpose of Disbursement  
 Contribution

Candidate Name  
 Richard Baker

011  
 Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: LA District: 06

Transaction ID: 76041-5808832049369  
 Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 127

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
 Capuano for Congress Committee

Mailing Address PO Box 440305

City State Zip Code  
 Somerville MA 02144

Purpose of Disbursement  
 Contribution

Candidate Name  
 Michael Capuano

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 08

**Transaction ID:** 76041-4676172137260  
 Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Castle Campaign Fund

Mailing Address PO Box 133

City State Zip Code  
 Wilmington DE 19899

Purpose of Disbursement  
 Contribution

Candidate Name  
 Michael Castle

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District: 01

**Transaction ID:** 34372-5057336688041  
 Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
 Coleman for Senate 08

Mailing Address 680 Transfer Road, Suite A

City State Zip Code  
 Saint Paul MN 55114

Purpose of Disbursement  
 Contribution

Candidate Name  
 Norm Coleman

011  
 Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

**Transaction ID:** 70795-0300256609916  
 Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Coleman for Senate 08	<b>Transaction ID:</b> 86996-3656579852104 <b>Date of Disbursement</b>																				
Mailing Address 680 Transfer Road, Suite A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	7												
City Saint Paul State MN Zip Code 55114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Norm Coleman	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism (CPC), the	<b>Transaction ID:</b> 76041-8055841326713 <b>Date of Disbursement</b>																				
Mailing Address PO Box 65314	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	7												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Freedom Project; the	<b>Transaction ID:</b> 828 <b>Date of Disbursement</b>																				
Mailing Address 424 C Street Northeast Basement Unit	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	7												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 127

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
 John Campbell for Congress

Mailing Address 4590 Macarthur Boulevard  
 Suite 500

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement

011  
 Category/  
 Type

Candidate Name  
 John Campbell

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 48

**Transaction ID: 826**

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Rogers for Congress

Mailing Address PO Box 581  
 Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
 Contribution

011  
 Category/  
 Type

Candidate Name  
 Mike Rogers

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

**Transaction ID: 87404-5090600848197**

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
 Contribution

011  
 Category/  
 Type

Candidate Name  
 Peter Roskam

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

**Transaction ID: 40279-1155053973197**

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ryan for Congress

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution

Candidate Name  
Paul Ryan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

**Transaction ID:** 76002-7747003436088

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Tiberi for Congress

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
Contribution

Candidate Name  
Pat Tiberi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

**Transaction ID:** 57051-9963647723198

Date of Disbursement

09 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1500.00

**TOTAL** This Period (last page this line number only) ..... ►

17000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A.

Full Name (Last, First, Middle Initial)

Batchelder for Representative Committee

Mailing Address 105 West Liberty Street

City  
Medina

State  
OH

Zip Code  
44256

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 63402-1780511736869

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

Image# 28930081372

Form/Schedule: **F3X**

Transaction ID:

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